

FILED JAN 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 43676
43526
Registrar's No. 43526

0821

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LOUISIANA</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BOWLING GREEN</u>	
c. LENGTH OF STAY (In this place) <u>2 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MINERAL SPRING HOSP</u>			

3. NAME OF DECEASED (Type or Print) <u>GEORGE</u>	a. (First) <u>W.</u>	b. (Middle) <u>ROBERTS.</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 31 1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>DEC 1 1916</u>	9. AGE (In years last birthday) <u>34</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BRICK MOLDER.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ROCKFORD MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John Roberts.</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>DOROTHY ROBERTS.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dorothy Roberts</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		18. ADDRESS <u>Bowling Green</u>

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SURGICAL SHOCK.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 DAYS</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>INTESTINAL BLOCK.</u> DUE TO (c) <u>ADHESIONS CAUSED</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>BY RUPTURED APPENDIX</u>		<u>25 YRS.</u>

19a. DATE OF OPERATION <u>DEC 31/50</u>	19b. MAJOR FINDINGS OF OPERATION <u>ENTIRE ILLIUM GANGRENOUS</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC 29 1950, to DEC 31, 1950, that I last saw the deceased alive on DEC 31, 1950, and that death occurred at 7:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Bernice Collier</u>	(Deputy or title)	23b. ADDRESS <u>LOUISIANA</u>	23c. DATE SIGNED <u>DEC. 31/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 8-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vandahia</u>	24d. LOCATION (City, town, or county) (State) <u>Vandahia MO</u>
DATE REC'D BY LOCAL REG. <u>Dec 31, 1950</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	374	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Danks</u>
		ADDRESS <u>Bowling Green</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: JAN 12 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-S1-133
Date Filed: JAN 24 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Harold C. Kinsie

Licensed Embalmer No. *4597*

P. O. Address *Bamling Green*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.